



Rolling Hills County Park - Registration Form Annual DOG SWIM



OWNER INFORMATION

Name: _____
 Address: _____
 City: _____ State: _____ Zip Code: _____
 Telephone: _____ Email: _____

DOG INFORMATION

- Limit 2 dogs per person
- \$5 per dog per day
- Yes, your dog can come both days ☺

Date	Dog Name	Breed	Weight	Fee
Saturday, September 9	1.		<input type="checkbox"/> 0-34lbs. (10-10:45am) <input type="checkbox"/> 35-59lbs. (11-11:45am) <input type="checkbox"/> 60+lbs. (12-12:45pm)	\$5.00
	2.		<input type="checkbox"/> 0-34lbs. (10-10:45am) <input type="checkbox"/> 35-59lbs. (11-11:45am) <input type="checkbox"/> 60+lbs. (12-12:45pm)	\$5.00
Sunday, September 10	1.		<input type="checkbox"/> 35-59lbs. (11-11:45am) <input type="checkbox"/> 60+lbs. (12-12:45pm)	\$5.00
	2.		<input type="checkbox"/> 35-59lbs. (11-11:45am) <input type="checkbox"/> 60+lbs. (12-12:45pm)	\$5.00
Total Fee For Dogs:				\$ _____

T-Shirts



PUP-grade your experience with an awesome T-Shirt! You can pre-order your shirt for easy pick-up at the event. Limited quantities will be available for purchase at the event. (They are human t-shirts, not dog t-shirts!)

T-Shirts are \$7 each

Please list quantities below:

- ___ Adult Small
- ___ Adult Medium
- ___ Adult Large
- ___ Adult XL
- ___ Adult XXL

Total Fee for T-Shirts:

\$ _____

PAYMENT & WAIVER

WAIVER

I acknowledge that my dog(s) have current vaccinations. I understand that the act of unleashing my dog(s) and being physically present inside the pool area involves risks of injury to me, other people, my dog(s), and other dogs. I understand these risks are entirely my responsibility. I expressly assume these risks. I voluntarily assume all such risks, loss, damages, or injury that may be sustained by entering the pool. I hereby release WCPARC from any responsibility whatsoever for personal injuries, damages, or loss of equipment resulting from participation.

Signature of Parent/Guardian _____

Date _____

PAYMENT

- Check Enclosed (Payable to WCPARC)
- Charge to Visa, MasterCard or Discover

Card# _____

Exp. Date _____

Signature (only if paying by credit card) _____

OFFICE USE ONLY

Check # _____ / CC Approval _____ / Cash Amt _____

Staff Initials _____ Date _____

2 Ways To Register:

1. Mail or drop off completed form and payment to Rolling Hills Park 7660 Stony Creek Road Ypsilanti, MI 48197
2. Fax form and payment information to (734) 484-9703